



ADDITIONAL SITE ENROLLMENT

State Form 52305 (9-05)

Indiana State Department of Health, Immunization Program

- INSTRUCTIONS:
1. Complete ALL portions of this form
 2. Please sign and keep a copy for yourself
 3. Mail the original with completed enrollment documents to the CHIRP Support Center, Indiana Department of Health Immunization Program 6A-22, 2 N. Meridian Indianapolis, IN 46204

Internal Use Only
IRMS
Facility
Online Date

Additional Site Enrollment

To participate in the Children & Hoosiers Immunization Program (CHIRP)

Complete this form for each additional facility site that you may have. Please remember to add the Parent Health Care Provider/Organization for each new facility site.

To assure timely addition to CHIRP, please fax all completed forms to: 1-317-233-8827.
Contact the CHIRP Support Center with any questions or comments at 1-888-227-4439.

Mail this with the completed enrollment documents to the CHIRP Support Center:

Indiana State Department of Health
Immunization Program, 6A-22
2 North Meridian Street
Indianapolis, IN 46204

Name of Parent Provider/Organization: _____

Name of the Additional Site: _____

Type of Additional Organization: _____
(examples: Private Practice, Public Clinic, Public School, Private School, *Child Care Center)

VFC Pin / School DOE # / Child Care Center License #: _____

Name of Additional Site's Representative: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: () _____ Fax: () _____

E-mail: _____

**Child Care Centers are defined by Indiana Law IC 12-17 2.4*



Indiana State
Department of Health